

CERTIFICATE OF ASSUMED NAME – CO-PARTNERS

In accordance with § 59.1-69 of the *Code of Virginia*, 1950, as amended, we hereby certify that we are conducting business in the Commonwealth of Virginia under an assumed or fictitious name as follows:

Business Name: _____

Business Address: _____
(City, State & Zip)

Nature/Type of Business: _____

Owner Name (Please Print)

Owner Signature (Please Sign)

Residence Address

City

State

Zip

Post Office Address (if different from above)

City

State

Zip

Owner Name (Please Print)

Owner Signature (Please Sign)

Residence Address

City

State

Zip

Post Office Address (if different from above)

City

State

Zip

OFFICE USE ONLY

Commonwealth/State of _____

City/County of _____

Subscribed and sworn to/affirmed before me on this date by the above-named person(s).

Date

☐ CLERK

☐ DEPUTY CLERK

☐ NOTARY PUBLIC

My Commission Expires: _____

Notary Registration Number: _____

VIRGINIA:

In the Clerk's Office of the Circuit Court of the County of Chesterfield, the _____ day of _____,
_____, this certificate was presented and admitted to record at _____ o'clock _____ M.

Teste: Judy L. Worthington, Clerk

By: _____, Deputy Clerk